

**DELTAPREMIER NETWORK
SUMMARY OF BENEFITS
FOR COVERED EMPLOYEES OF:**

City of Milwaukee – City General

(See Dental Benefit Handbook for definitions of capitalized terms.)

GROUP NUMBER: 00197 - 00000

EFFECTIVE DATE OF PROGRAM: January 1, 1997

OPEN ENROLLMENT

Changes in enrollment status will be considered during an Open Enrollment Period 30 days prior to the Contract renewal date, with changes becoming effective on the renewal date.

WAITING PERIOD

Employees and their dependents who apply for coverage after their initial eligibility period or without a qualifying event (loss of spousal benefits, marriage, divorce, birth or adoption) will:

Wait until the next open enrollment period.

TERMS OF ELIGIBILITY

Eligibility begins:

For eligible new employees, eligibility begins the first day after the waiting period.

For eligible new employees, the waiting period is 30 days.

For employees enrolling their dependents:

Dependent children are eligible through the end of the year in which they attain age 25.

Part-time employees are not covered; minimum hours worked must average at least 30 per week.

DEDUCTIBLE LIMITATIONS

Delta Dental shall not be obligated to pay any Deductible specified below.

The Deductible for Dental Procedures provided by any Dentist is \$25 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than \$75 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

MAXIMUM BENEFIT

The maximum total Benefit payable in any Benefit Accumulation Period is limited to the amount specified below.

The maximum total Benefit per Subscriber and per Covered Dependent, per Benefit Accumulation Period for Dental Procedures provided by any Dentist is \$1,000.

ORTHODONTIC MAXIMUM BENEFIT

Delta Dental's obligation for orthodontic Benefits is limited to the lifetime maximum specified below.

The maximum lifetime orthodontic Benefit is \$1,200 for each Subscriber and each Covered Dependent. Dependent children are covered to age 25.

SCHEDULE OF BENEFITS, LIMITATIONS AND COVERAGE PERCENTAGE:

This Contract provides the following Benefits subject to the Coverage Percentage listed for each Benefit and subject to any applicable Deductible. The Coverage and Coinsurance Percentages may vary based upon the network membership of the treating Dentist at the time the Dental Procedure is completed. The application of the Deductible, if any, also may vary based upon the network membership of the treating Dentist at the time the Dental Procedure is completed.

For example, if the Coverage Percentage shown is "80," that Benefit is 80% of the Maximum Plan Allowance, after satisfaction of any applicable Deductible. In the same example, the Coinsurance (the amount the patient must pay) would be the remaining 20%.

If the Coverage Percentage shown is "0", that Benefit is not provided in this Contract.

The Benefit Accumulation Period begins on January 1, 2004 ends on December 31, 2004, and thereafter shall be the 12 month period beginning on January 1, 2005.

Premier = DeltaPremier Dentist

NC = Non-contracted Dentist

| Does Deductible Apply? Yes/No | | Coverage Percentage | | |
|--------------------------------------|-----------|----------------------------|-----------|--|
| Premier | NC | Premier | NC | Benefit |
| N | N | 100 | 100 | Examinations two times per Benefit Accumulation Period. |
| N | N | 100 | 100 | Full mouth series x-rays at thirty six month intervals; either individual films, or panoramic film, including bitewings. |
| N | N | 100 | 100 | Bitewing x-rays no more frequently than two times per Benefit Accumulation Period (limited to a set of four films). |
| N | N | 100 | 100 | Routine prophylaxis (teeth cleaning) and/or periodontal maintenance procedure four times per Benefit Accumulation Period. |
| Y | Y | 80 | 80 | Routine prophylaxis. Periodontal maintenance procedure. |
| N | N | 100 | 100 | Topical fluoride applications two times per Benefit Accumulation Period for Covered Dependent children to age 19. |
| N | N | 100 | 100 | Space maintainers for retaining space when a primary tooth is prematurely lost. |
| Y | Y | 80 | 80 | Emergency treatment to relieve pain. |
| N | N | 100 | 100 | Topical application of sealants for Covered Dependents to age 25. Application is limited to the occlusal surface of permanent molars which are free of decay and restorations. Benefits for sealants are limited to one application per tooth per lifetime. |
| Y | Y | 80 | 80 | Amalgam (silver) restorations. |
| Y | Y | 80 | 80 | Composite (tooth colored) restorations for anterior teeth. |

| Does Deductible Apply? Yes/No | | Coverage Percentage | | |
|-------------------------------|----|---------------------|----|---|
| Premier | NC | Premier | NC | Benefit |
| Y | Y | 80 | 80 | Stainless steel crowns – one per tooth in a three year period. |
| Y | Y | 80 | 80 | Endodontics including root canal treatment and root canal fillings. |
| Y | Y | 80 | 80 | Surgical endodontic treatment. |
| Y | Y | 80 | 80 | Non-surgical periodontics including procedures necessary for the treatment of diseases of the gums and bone supporting the teeth – treatment is limited to once per quadrant every 24 months. |
| Y | Y | 80 | 80 | Surgical periodontic treatment; treatment is limited to once per quadrant every 36 months. |
| Y | Y | 80 | 80 | Non-surgical extractions. |
| Y | Y | 80 | 80 | Oral surgery (cutting procedures) and surgical extractions including pre-operative and post-operative care. |
| Y | Y | 80 | 80 | <p>Crowns, inlays, or onlays are provided when teeth are broken down by dental decay or accidental injury and may no longer be restored adequately with a filling material. Coverage for the purpose of replacing a defective existing crown, inlay or onlay will be provided only after a five year period from the date on which the defective item was last supplied, whether or not Delta Dental paid for the original Dental Procedure as a Benefit under this Contract.</p> <p>Porcelain veneers on crowns are Benefits on the six front teeth, bicuspid, and upper first molars.</p> |

| Does Deductible Apply? Yes/No | | Coverage Percentage | | |
|-------------------------------|----|---------------------|----|--|
| Premier | NC | Premier | NC | Benefit |
| Y | Y | 80 | 80 | <p>Prosthetics, including fixed bridgework, partial dentures, and complete dentures to replace missing permanent teeth. Coverage for the purpose of replacing a defective existing fixed bridge or partial/complete denture will be provided only after a five year period from the date on which the defective item was last supplied, whether or not Delta Dental paid for the original Dental Procedure as a Benefit under this Contract.</p> <p>Porcelain veneers on crowns or pontics are Benefits on the six front teeth, bicuspid, and upper first molars.</p> <p>Fixed bridges and partial/complete dentures are provided where chewing function is impaired due to missing teeth. A fixed bridge may be a Benefit if no more than two teeth are missing in the dental arch in which the bridge is proposed. Delta Dental will provide for replacement of missing teeth with the least elaborate procedure when three or more teeth are missing in the dental arch.</p> <p>Coverage for initial replacement of teeth is not limited to those lost while a Subscriber or Covered Dependent.</p> |
| Y | Y | 80 | 80 | <p>Repairs and adjustments to prosthetic appliances. Denture reline and rebase is a Benefit once in any three year period.</p> |

| Does Deductible Apply? Yes/No | | Coverage Percentage | | |
|-------------------------------|----|---------------------|----|--|
| Premier | NC | Premier | NC | Benefit |
| Y | Y | 50 | 50 | <p>Covered orthodontic appliances and treatment, related services for orthodontic purposes to include examination, x-rays, photographs, and study models, subject to Item 6 of the Declarations.</p> <p>Repair and replacement of orthodontic appliances are not covered.</p> <p>Delta Dental calculates all orthodontic treatment schedules according to the following formula:</p> <ul style="list-style-type: none"> - 25% of the total Maximum Plan Allowance (subject to the Coverage Percentage stated herein and any applicable Deductible) is considered the initial payment to be paid by Delta Dental. - The remainder of the Maximum Plan Allowance is divided by the months of treatment and the resulting amount is paid monthly by Delta Dental (subject to the Coverage Percentage, any applicable Deductible and the orthodontic maximum Benefit stated herein.) <p>If orthodontic treatment is stopped for any reason before it is complete, Delta Dental will suspend all monthly payments.</p> <p>Coverage includes orthodontic treatment in progress. Treatment is in progress if an appliance or banding has been placed and the patient is receiving treatment by the attending orthodontist according to a current treatment plan. Liability for orthodontic treatment in progress shall extend only to the unearned portion of the treatment in progress (that portion occurring after enrollment) and Delta Dental shall be the sole determinant of this unearned amount eligible for coverage. However, there are no Benefits available for Dental Procedures, including orthodontic treatment in progress, after coverage terminates.</p> |

OPTIONAL PROCEDURES

Delta Dental will pay the applicable Maximum Plan Allowance for the least expensive Dental Procedure that is adequate to restore the tooth or dental arch to contour and function, but only if that Dental Procedure is a Benefit of this Contract. The Subscriber or Covered Dependent will be responsible for the remainder of the Dentist's fee if a more expensive Dental Procedure is selected. The Coinsurance and Deductible will apply regardless of which Dental Procedure is selected.

SPECIAL CONDITIONS

There is a separate lifetime orthodontic deductible of \$25.00.
Oral surgery may be covered by your health plan. Refer to your health plan booklet for covered oral surgical services.

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